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|--|--|---------------|--------------|-------------------|------------------|--------------------|--------|-------------------------------------|--|
| APPLICANTS | | | | | | | | | |
| Lynn D. Crawfor | rd, Irvine, CA; | | | | | | | | |
| Tim Reynolds, S Daryl Edmiston, Steve Johnson, | JR., San Francisco, CA Sunnyvale, CA;Dan Shu , West Jordan, UT; West Jordan, UT; Salt Lake City, UT; | | n Jose, CA; | | | | | , | |
| ** CONTINUING DATA ********************************** | | | | | | | | | |
| ** FOREIGN APPLICA | TIONS ************* | *** | | | | | | | |
| ** FOREIGN APPLICATIONS ************************************ | | | | | | | | | |
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| Foreign Priority claimed | | | STATE OR | SHE | ETS | тот | AL | INDEPENDENT | |
| 35 USC 119 (a-d) conditions yes no Met after met Allowance Met after Verified and Acknowledged Examiner's Signature Initials | | COUNTRY CA | | WING 26 | CLAI | | CLAIMS | | |
| ADDRESS T. Gene Dillahunty BURNS, DOANE, SWECKER & MATHIS, L.L.P. P.O. Box 1404 | | | | | | | amus | | |
| Alexandria , VA 22313-1404 | | | | | | | | | |
| TITLE Balloon occlusion devi | ice having a proximal va | alve | | | | | | | |
| | | | | | □ _{All} | Fees | | | |
| | | | | | □ 1.1 | 1.16 Fees (Filing) | | | |
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